



**COMMONWEALTH of VIRGINIA**  
Department of Medical Assistance Services  
**PRIMARY ACCOUNT HOLDER FORM**

**Instructions for Primary Account Holder (PAH) Requests or Updates:**

Thank you for your request to add or update your Primary Account Holder (PAH) information. This form and required information are needed and will be validated prior to any updates being made.

**Required Information \***

Submit one form for each Entity Tax ID enrolled with DMAS

- An individual designated as a disclosed Individual Provider, Owner (CEO) or other Officer of Company must sign and date this PAH Update Form. This information will be validated prior to any updates being made.
- Only a single user can be designated the role of Primary Account Holder for each entity.
- The Virginia Medicaid Provider Portal Primary Account Holder Change Form requires disclosure and validation of the Pay to address for the provider entity.
- Completed forms should be faxed or emailed to:

**Virginia Medicaid Provider Enrollment Services**  
**PO Box 26803**  
**Richmond, VA 23261-6803**  
**804-270-7027 (Fax) or 888-335-8476 (Fax)**  
**vamedicaidproviderenrollment@gainwelltechnologies.com**



**Primary Account Holder Request and Update Form**

Required Information *	Required Information
Individual or Organization Name*	
Atypical (API) or National Provider Identifier (NPI) used as a servicing or billing provider*	
Tax Identification Number (TIN, FEIN, SSN) *	
Pay to Address * (Except for Individual within a Group)	
Current PAH First and Last Name (PAH being replaced)	
Current PAH Email Address (PAH being replaced)	
New PAH First and Last Name *	
New PAH Email Address *	
New PAH Mobile Phone Number for Multi Factor Authentication (MFA)	
Brief description why the PAH needs to be changed: *	

**Authorized Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_